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APPLICANTS

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** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>G. Olsen</i> Examiner's Signature	<i>JSW</i> Initials		

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TITLE

Composition for mitigating a pernicious thrombotic event

FILING FEE RECEIVED 474	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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